

Running on Empty: Families, Time, and Workplace Injuries

Over the past 5 decades, more women have entered the labor force, and more households have been headed by single parents. Both trends have substantially reduced parents' free time, creating added strain in the event of family health problems, including work-related injuries and illnesses. This commentary presents evidence about the impact of occupational injuries on today's families.

In addition to losing considerable income, injured parents are less able to do household work, and other family members are often called on to care for them. Family members cut back on their paid, school, and household work to fill in for the injured parent. This suggests the importance of policies to help today's time-strapped families cope with major family health events. (*Am J Public Health*. 2005; 95:1894–1897. doi:10.2105/AJPH.2005.062232)

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THE LAST DECADES OF THE

20th century brought important changes in family structure and the demographics of employment in the United States. Largely as a consequence of these changes, families today are faced with a time squeeze. This commentary examines this time squeeze and asks a question: What concerns might we have about the ability of families to handle major crises, like a disabling injury or the illness of a child or elderly parent?

Although the increasing employment of women has been a major social advance, and it has been a great economic boon to the family, the ensuing time squeeze has left families less able to cope with the time demands brought on by family crises. Data from studies of the consequences of occupational injuries illustrate this theme.

DIMINISHING NONMARKET TIME

Changes in the allocation of market and nonmarket time follow from 2 of the major social transformations of the late 20th century in the United States. First, women have moved into the labor force in large numbers and increased their hours at work. This change in female labor supply has substantially increased the total hours of market work in the family and thereby decreased the amount of time for nonmarket activities. For 2-parent families with children under 18 years of age, average hours worked by both parents rose by 11.1 hours per week.¹

The second important trend is the growth in the number of single-parent families from 13% of all households in 1970 to 31% in 2000.² For single-parent families, typically headed by females, the burden of both non-market and market work is concentrated on 1 person. Like their married counterparts, more single mothers worked in 2000 than in 1970, and those who worked were employed for more hours annually. In fact, average annual hours worked by single mothers with children under 18 years of age went from 901 to 1372 in this period.¹ Because of increased female labor force participation and the rise in the number of single-parent households, the amount of time for housework, child-care, leisure, and even sleep is much less now than it was in 1970.

Parents have reallocated time to adjust to these changes, with fathers taking on more household responsibilities. Despite the increased participation in housework by fathers, the total time parents spend on housework has declined by 7.7 hours per week or 21%.¹ The reduction has not been sufficient to counterbalance the increased time spent at work. As a consequence, employed mothers spend 11 hours less on personal care and sleep and have 12 hours less "free time" per week than do nonemployed mothers.³ Still, between 1965 and 1998, mothers' time with children remained about the same, and married fathers' time with their children grew substantially.^{1,3}

The reduction in parents' free time is a cost of an extremely beneficial economic and social trend, the growing gender equality in the United States. Increased female labor-force participation also has allowed families to achieve a higher standard of living than would otherwise have been possible. The incomes of female workers have not only improved the economic condition of 2-earner families, they have done so in a way that has made household income distribution more equal.⁴ In the face of stagnating and increasingly unequal male earnings, growing female labor-force participation has moderated the growing inequality of US family income in the 20th century.

Still, these demographic and employment changes mean that families with children have less "free time" and, therefore, less flexibility to respond to family crises. When a child is sick or an aging parent needs help, there is less available free time on which to call.

The impact of family crises could be mitigated by employer policies allowing 2-earner families or single parents the flexibility to deal with them. However, employer "family friendly" policies do not appear to be widely available in practice. Take, for example, family and medical leave.

Family and medical leave is the most broadly applicable legislatively imposed family friendly policy, yet few workers are in a position to use it to respond to major illnesses. The Family and Medical Leave Act (FMLA) allows covered workers up to 12 weeks of unpaid leave in a

TABLE 1—Reasons for Not Taking Family Medical Leave Act: 2000 Employee Survey

Might lose job	32%
Might advance more slowly	43%
Did not want to lose seniority	28%
Not eligible, worked part-time	12%
Not eligible, had not worked long enough for employer	18%
Employer denied request	21%
Could not afford leave	78%
Wanted to save leave time	34%
Work is too important	53%
Other reason	13%

Source. Cantor et al.⁵

Note. Percentages total more than 100% because some respondents reported several reasons for not taking leave.

12-month period to care for a spouse, child, or parent with a serious health condition. About 46% of workers are covered and, of those covered, about half know whether or not they are covered.^{5,6} About 6% of leave-takers take leave to care for an ill spouse, and more than 80% of leaves for this group last 10 work days or less.⁵ A substantial number of eligible individuals do not take leave. Of these, 78% give loss of earnings as a reason, whereas 32% fear losing their jobs (Table 1).⁵

Another employer policy that could help families cope better with injury or illness is flexibility in choosing hours of work. Recent data on flexible work hours indicate that about 29% of full-time workers can change the time they begin and end work, and 11% have formal flextime programs.⁷ Even for the minority of full-time workers who have such flexibility, we do not know the constraints on their changing hours⁸ or how much they are inhibited from using these programs by concerns about their employers' negative reactions.^{5,9} For example, Bond et al.⁹ found that 43% of employed parents

believed that using flexible work schedule options would get in the way of job advancement. As Appelbaum et al.¹⁰ put it, employers often judge workers' performance "*as if* they have a wife at home performing all of the unpaid care work that families require." (Italics in original.)

THE IMPACT OF WORKPLACE INJURIES

Studies of occupational injuries provide some insights into the family consequences of a parent's disabling health event. Marquis and Manning¹¹ estimate the average lifetime costs of nondisabling workplace injuries as \$10 032 and of disabling injuries as \$31 183. Estimates by Reville et al.¹² of the lost earnings of workers compensated for permanently disabling workplace injuries find 10-year average losses in the 5 states they study that range between \$42 100 and \$68 100 in 2003 dollars (16% to 26% of uninjured earnings) and find that workers' compensation benefits replace only between 32% and 41% of 10-year pretax losses. For many workers, losses appear to continue virtually un-

abated even at the end of a 10-year observation period, but workers' compensation benefit payments have largely ceased. Given that the average injured worker is aged around 37 years,¹² lifetime losses are considerable and almost certainly much larger than the 10-year estimates. These large losses have led injured workers to borrow money, sell their cars, move to less expensive quarters (sometimes selling a home), draw down their savings, and so on.^{13–15} Obviously, such financial stressors are important themselves and can also stress family relationships.

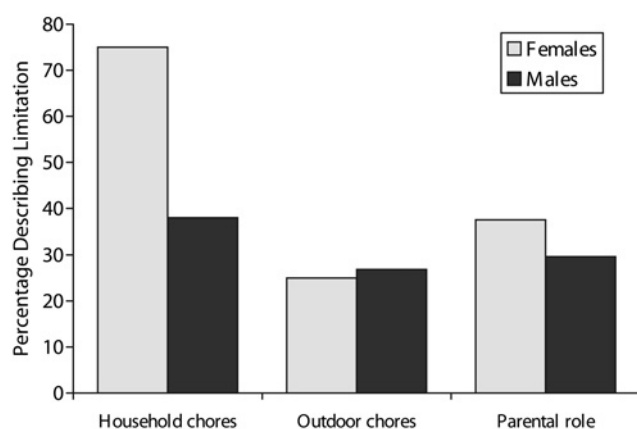
Some might assume that a worker who is at home recovering from a workplace injury adds to family time available for household chores and childcare. In some situations, particularly if the condition is minor, this may be the case. However, injuries at work that result in lost earnings are typically disabling events, and the physical consequences of these events are not confined to the workplace. In their groundbreaking nationwide study of injury and illness compensation, Hensler et al.¹⁶ detailed some of the family impacts of workplace injuries. They found that 40% of injured workers reduced the time they spent on household work by 1 or more days, with 11% reporting that they could no longer do household work at all. The injured worker's family took up the slack, less household work got done, or both. Moreover, a substantial number of injured workers required care during recovery, increasing time demands on other family members.

A study of work-related, upper-extremity cumulative trauma disorders in Connecticut¹³ found that almost half of the respondents had to reduce household

activities. Among similarly injured respondents in Maryland,¹⁴ 64% said that their injuries interfered with housework or recreation activities.

This can be seen in more detail with data from an ethnographic study of workers whose back injuries involved at least 1 month off of work or permanent disability benefits—about two thirds of all back injuries involving workers' compensation income benefits.¹⁷ Workers' back problems frequently cause substantial limitations in the ability to do a wide range of family activities (Figure 1),¹⁷ including vacuuming, cooking, shopping, gardening, washing dishes, mowing the lawn, lifting young children, playing with children, and going to children's events. For workers who are married or living with a significant other, the spouse or other family members frequently take over these responsibilities. For some families, the changes are minor and short-lived, whereas for others there are major long-term changes in family roles caused by the injury. (For a detailed review, see Dembe.^{18,19})

Who creates the time needed to fill in for the injured worker who can no longer do as much work around the house and who needs extra care? Some chores must undoubtedly go undone. Others are taken over by the uninjured spouse and, if possible, by children. Moreover, in many cases, the injured spouse must be cared for. In 38% of workplace injuries studied by Hensler et al.,¹⁶ family members cut back on other household activities, market work, or school to replace some or all of the injured worker's home activities. In all, they estimate that family members cut back 6.4 million days of



Source: Strunin and Boden.¹⁶

FIGURE 1—Limitations on family and social roles imposed by workplace back injuries in Florida.

market work and 91 million days of home activity annually as a result of work-related injuries.

Cutting down on work is problematic, because family income has already suffered as a consequence of the injury. In addition, uninjured spouses may be concerned about consequences for their careers caused by reducing current work time.^{5,9} Here we have the time-squeezed family with the screws tightened several notches.

It is not possible to tell whether the problems faced by 2-earner families of injured workers today are worse than those faced by single wage-earner families 50 years ago. Having lost the sole breadwinner in the family may impose even more financial strain than losing 1 of 2. At least today's 2-earner family may experience a smaller reduction in family income and, as a consequence of greater family income before the injury, may have more savings to draw on.

Consider, however, the consequences of a workplace injury for the sole wage earner in a single-parent household. Earnings are substantially reduced,

and only a small portion of the loss is covered by workers' compensation. Many single-parent households have low incomes and little or nothing in the way of savings.²⁰ Also, there may be no adult in the household who can care for the injured worker or absorb childcare responsibilities. The problems in dealing with housework, childcare, and care of the injured worker are likely to far exceed those faced by dual wage-earner families. The impacts of work-related injuries and illnesses on single-parent families have not been studied, despite the fact that they comprise more than 30% of family households.

DISCUSSION

Occupational injuries and illnesses can provoke major crises for the families in which they occur. In addition to major financial burdens, they can impose substantial time demands on uninjured family members. Today, when many families are operating with very little free time, family resources may be stretched to the breaking point.

The same cannot be said of all families of injured workers. Many of the statistics presented here are averages, and averages hide as much as they reveal. For example, most workplace injuries are not disabling. They involve perhaps some first aid or treatment by a nurse or physician, after which the worker returns to the job without any difficulty or loss of productivity. Of the rest, many involve a short recovery period and full physical recovery.

Some people with disabling injuries are already economically privileged, with well-paying jobs, tolerant employers, and substantial savings. In addition, their jobs can often be done while they are recovering (possibly at home), so significant physical impairments may cause very little productivity loss in market work.

Finally, some families, in part because they are in 2-earner households, may have savings sufficient to cushion the economic blow of a disabling injury and to enable them to hire people to supplement the family's limited time budget with an extra pair of hands.

But a substantial minority of injuries involves an important disruption of work and family life, and these injuries are the focus of this commentary. The affected families may have little or no savings, and they may be kept barely out of poverty by 2 low-wage incomes in jobs with neither flexibility nor job security. The impact of disabling workplace injuries on these families will almost certainly be much greater than on the average family. Moreover, the probability of a disabling workplace injury is itself unequally distributed, with low-income and minority workers concentrated in less-safe jobs.^{21–24} Given the growing inequality of family in-

come in the United States,^{4,25} these negative impacts of workplace hazards have, in recent years, become additionally concentrated at the bottom of the income distribution.

Private and social insurance help to mitigate the financial effects of workplace injuries on families, although with limited success.^{12,26,27} However, non-market impacts are also important. Many families do not have the "stay-at-home mom" as a buffer against the effects of illness or injury to other family members. Market options (additional childcare, home health aides, professional cleaning, professional home repairs, and so on) are expensive and not a viable option for many. In a sense, 2-earner and single-parent families have given up a kind of insurance against the time demands of illness in the service of higher incomes and greater gender equality.

Work-related injuries and illnesses are not unique in this regard. In many ways, they have consequences that are similar to those of illnesses with nonwork origins. We know that chronic nonoccupational health problems can impose a great deal of strain on families,^{28–30} and this strain may be exacerbated in today's environment by the large amount of family time devoted to market work. However, contending with the workers' compensation system may well add another layer of stress.^{19,31,32}

Still, people with occupational injuries are better off in one way than are those whose health problems originate outside work. Injured workers are eligible for workers' compensation benefits. So, even if they are among the more than 40 million in the United States

lacking health insurance, their medical costs should be covered. Moreover, they are eligible for income benefits not available to people with nonoccupational injuries or illnesses.

Thus, although concerns surrounding occupational injuries and illnesses are important, there are also more general questions about the ability and flexibility of today's families to respond to unexpected crises. We currently have both public and private insurance programs that mitigate the financial impacts of illnesses: Social Security Disability Insurance, Supplemental Security Income, Medicaid, state temporary disability income programs, workers' compensation, private health insurance, private disability insurance, and so on. On the other hand, we have little institutional "time insurance" to mitigate the impact of family illness on the limited time of today's families.

Perhaps the only public program that comes close to "time insurance" is the FMLA. Yet, less than half of all workers are covered by the FMLA, many fewer are aware that they are covered, and, of those aware of coverage, a substantial proportion say that they fear losing their jobs if they take leave under its provisions.^{5,6} As a consequence, it seems unlikely that the FMLA is effective in reducing the time stress faced by most families facing a disabling injury or illness.

The facts reviewed in this commentary suggest that we should look more carefully at existing institutional buffers that would help families cope with major life events that strain families' resources. In addition to income protection, the full range of burdens and costs needs to be considered—including the less visible and often unac-

knowledge drains on available time. ■

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